

## Guidance for Providers Regarding Evaluation and Testing of Persons with Probable Exposure to Zika virus

Assess all pregnant patients for possible Zika virus exposure at each prenatal care visit, including for signs and symptoms of Zika virus disease, a travel history, and their sexual partner's potential exposure to Zika virus. Record travel history at every prenatal visit and counsel pregnant women about the risk of Zika virus infection. Zika transmission is ongoing in many parts of the world and affected areas are added retroactively; check areas with known Zika virus transmission frequently.

**\*POSSIBLE EXPOSURE** = travel to an [area with known Zika virus transmission](#) OR unprotected sex with a person who traveled to or resides in an area with Zika virus transmission, regardless of partner's symptoms. Male partner's possible Zika virus exposure should have occurred in the past 6 months, and female partner's possible Zika virus exposure should have occurred in the past 8 weeks.

### WHEN TO TEST FOR ZIKA VIRUS

Criteria
<b>Any non-pregnant person with illness consistent with Zika virus disease, including <u>at least two of: acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis</u>, during or within 2 weeks of possible exposure to Zika virus.</b>
<b>All pregnant women with possible exposure* during pregnancy</b> (at any trimester of pregnancy), including any possible exposure during the 8 weeks before conception (6 weeks before last menstrual period). Note that testing >12 weeks after symptom onset or possible exposure may not be definitive (e.g. a negative IgM does not rule out infection) and additional testing at the time of delivery might be indicated.
<b>Woman experiencing fetal loss</b> with possible exposure* to Zika during pregnancy if not previously tested.
<b>Pregnant women with fetal abnormalities identified on ultrasound</b> who originally tested negative or who were not tested for Zika virus infection following possible exposure should be tested/retested.
<b>Infants</b> born to women with possible exposure* to Zika during pregnancy with EITHER: <ul style="list-style-type: none"> <li>a) maternal positive or inconclusive test result for Zika virus; <b>OR</b></li> <li>b) infants who have abnormal clinical or neuroimaging findings suggestive of congenital Zika virus syndrome, regardless of maternal testing; <b>OR</b></li> <li>c) acute symptoms of Zika disease (fever, rash, arthralgia, or conjunctivitis) in the infant within 2 weeks of birth and maternal exposure occurred within 2 weeks of delivery</li> </ul>
There are many areas of the US with <u>known <i>Ae. aegypti</i> or <i>Ae. albopictus</i> populations</u> (the vector for Zika, dengue, and chikungunya), but that are not known to have <u>active Zika virus transmission</u> . <b>If a patient traveled to an area where mosquito-borne transmission is possible, and is exhibiting two or more symptoms of Zika virus disease (acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis, during or within 2 weeks of travel) with no alternative diagnosis after laboratory testing for more common etiologies, Zika testing is recommended.</b>

NOTE: Communicable Disease staff are available for consultation as needed. Call your [local health jurisdiction](#).

## Laboratory Testing through Washington State Public Health Laboratories (PHL)

### Laboratory Testing through Washington State Public Health Laboratories (PHL)

See page 3 for detailed testing guidance, including testing infants and specimen collection at delivery

	Symptomatic Non-Pregnant Patient	Symptomatic pregnant women	Asymptomatic pregnant women
<b>When to test</b>	Date of symptom onset to 12 weeks after symptom onset	Any time during pregnancy, but ideally, <12 weeks after onset	Any time during pregnancy, but ideally, <12 weeks after exposure
<b>Which test to order</b>	RT-PCR (<14 days)*, ELISA, PRNT <b>Also order DenV and ChikV serologic testing commercially</b>	RT-PCR (<14 days)*, ELISA, PRNT <b>Also order DenV and ChikV serologic testing commercially</b>	RT-PCR, ELISA, PRNT
<b>What specimen to collect</b>	2 mL <b>serum</b> , spun down, >1mL <b>urine</b> (if ≥14 days, only send serum) (≥ 1.0 mL CSF if available)	2 mL <b>serum</b> , spun down, >1mL <b>urine</b> ; consider amniotic fluid if fetal abnormalities present (≥ 1.0 mL CSF if available)	2 mL <b>serum</b> , spun down, >1mL <b>urine</b> ; consider amniotic fluid if fetal abnormalities present
<b>How to store it</b>	Keep cold or freeze to -70°C, ship in insulated container with ice packs or on dry ice	Keep cold or freeze to -70°C, ship in insulated container with ice packs or on dry ice	Keep cold or freeze to -70°C, ship in insulated container with ice packs or on dry ice
<b>Vessel</b>	<b>Serum:</b> 1.8 mL cryotube or 2.0 mL microtube (red or tiger top serum separator tube) <b>Urine:</b> Sterile vial with tight fitting screw cap and O-ring (NOT urine collection cup)	<b>Serum:</b> 1.8 mL cryotube or 2.0 mL microtube (red or tiger top serum separator tube) <b>Urine:</b> Sterile vial with tight fitting screw cap and O-ring (NOT urine collection cup) <b>Amniotic fluid:</b> Sterile container with tight fitting screw cap	<b>Serum:</b> 1.8 mL cryotube or 2.0 mL microtube (red or tiger top serum separator tube) <b>Urine:</b> Sterile vial with tight fitting screw cap and O-ring (NOT urine collection cup) <b>Amniotic fluid:</b> Sterile container with tight fitting screw cap

\*Pregnant women presenting ≥14 days after symptom onset or possible exposure (for asymptomatic pregnant patients) will be tested by RT-PCR if an initial IgM serology test is positive or equivocal

### ORDERING ZIKA VIRUS TESTING THROUGH PUBLIC HEALTH:

Submissions must be pre-approved by your [local health jurisdiction](#):

1. Complete a Zika intake form and submit to your [local health jurisdiction](#) for approval prior to specimen submission. Be sure to complete all fields. MISSING DETAILS WILL RESULT IN SPECIMEN REJECTION.
2. Complete a [specimen submission form](#) for each approved specimen.
3. Label specimens and the [specimen submission form](#) with two patient identifiers (required) and specimen types. IMPROPER LABELING WILL RESULT IN SPECIMEN REJECTION.
4. Ship approved specimen(s) using Category B labels and packaging in an insulated container with ice packs or on dry ice, with completed [specimen submission form](#) to WA PHL<sup>a</sup>. Weekday arrivals only.

<sup>a</sup>Public Health Laboratories, 1610 NE 150<sup>th</sup> St, Shoreline, WA 98155

**FAX COMPLETED FORM TO PUBLIC HEALTH – SEATTLE & KING COUNTY: 206-296-4803**

Review criteria for Zika virus testing through Public Health before submitting this form.

All symptomatic patients with travel should be tested for dengue and chikungunya at a commercial laboratory.

Date: \_\_\_\_\_

**Zika Virus Intake Form**

PATIENT	<b>Last name:</b> _____ <b>First name:</b> _____ <b>DOB:</b> _____ <b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <b>Race:</b> _____ <b>Ethnicity:</b> _____ <b>County:</b> _____ <b>Patient Address:</b> _____ <b>Phone Number:</b> _____			
	<b>Physician / Hospital / Lab / Clinic name:</b> _____ <b>Contact name:</b> _____ <b>Phone:</b> _____ <b>Fax:</b> _____			
SUBMIT BY				
EPIDEMIOLOGY	<b>Date of Symptom Onset:</b> _____ OR <input type="checkbox"/> <b>Asymptomatic pregnant woman</b> <i>Symptoms (check all) if patient is not pregnant, must have 2:</i> <input type="checkbox"/> <b>Fever</b> <input type="checkbox"/> <b>Rash</b> <input type="checkbox"/> <b>Conjunctivitis</b> <input type="checkbox"/> <b>Arthralgia</b> <input type="checkbox"/> <b>Other:</b> _____		<b>Patient pregnant?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b># weeks gestation currently:</b> _____ OR estimated delivery date: ____/____/____ <b>Fetal/infant anomalies:</b> <input type="checkbox"/> None <input type="checkbox"/> Unk <input type="checkbox"/> Microcephaly <input type="checkbox"/> Intracranial calcifications <input type="checkbox"/> Fetal demise <input type="checkbox"/> Other: _____	
EXPOSURE HISTORY	<b>Patient traveled to an area with Zika transmission?</b> <input type="checkbox"/> Unk <input type="checkbox"/> No <input type="checkbox"/> Yes, <b>countries of travel:</b> _____ <b>Date of departure:</b> ____/____/____ <b>Date of return:</b> ____/____/____			
	<b>REGARDLESS OF TRAVEL HISTORY:</b> Unprotected sex with <u>sexual partner</u> who traveled to an area with Zika virus transmission: <input type="checkbox"/> N/A <input type="checkbox"/> unk <input type="checkbox"/> No <input type="checkbox"/> Yes, <b>Date of last unprotected sex:</b> ____/____/____ <b>Countries of sexual partner travel:</b> _____ <b>Date of departure:</b> ____/____/____ <b>Date of return:</b> ____/____/____			
	<b>Infant with maternal history of exposure during pregnancy?</b> <input type="checkbox"/> N/A <input type="checkbox"/> unk <input type="checkbox"/> No <input type="checkbox"/> Yes, date of last possible maternal exposure (travel or sex): ____/____/____ <b>Maternal Zika test result:</b> <input type="checkbox"/> Not tested <input type="checkbox"/> Positive <input type="checkbox"/> Inconclusive <input type="checkbox"/> Negative			
LAB RESULTS	<b>Commercial Lab Results</b>			
		PCR serum	PCR urine	IgM serology
	Zika	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Not done	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Not done	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Not done
	Chikungunya	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Not done		<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Not done
	Dengue	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Not done		<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Not done
NOTES	Notes:			

**FAX COMPLETED FORM TO PUBLIC HEALTH – SEATTLE & KING COUNTY AT 206-296-4803; DO NOT SUBMIT DIRECTLY TO DOH**